

AUG 09 2006

FAX TRANSMISSION

DATE: August 9, 2006

PTO IDENTIFIER: Application Number 09/831,139
Patent Number

Inventor: Friedrich MUELLER

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: MORRISON & FOERSTER LLP

Kevin R. Spivak

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Attorney Dkt. #: 44912-2005700

PAGES (Including Cover Sheet): 9

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Transmittal Form (1 page)	Request for Continued Examination (1 page)
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Extension of Time (1 page)	
Request for Reconsideration (3 pages)	

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PTO/SB/97 (09-04)

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Application No. (if known): 10/173,877

Attorney Docket No.: 449122036000

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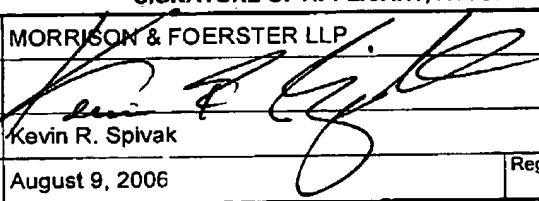
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/831,139
		Filing Date	June 21, 2001
		First Named Inventor	Friedrich MUELLER
		Art Unit	2654
		Examiner Name	V.P. Harper
Total Number of Pages in This Submission		Attorney Docket Number	
		449122074400	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Request for Continued Examination (RCE) Request for Reconsideration
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	MORRISON & FOERSTER LLP
Signature	
Printed name	Kevin R. Spivak
Date	August 9, 2006
	Reg. No. 43,148

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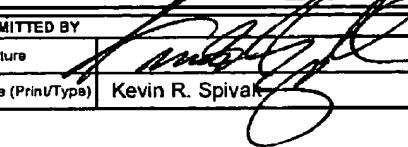
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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	09/831,139
		Filing Date	June 21, 2001
		First Named Inventor	Friedrich MUELLER
		Examiner Name	V.P. Harper
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2654
TOTAL AMOUNT OF PAYMENT (\$)		2,950.00	
		Attorney Docket No.	449122005700

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Small Entity		Small Entity		Small Entity			
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
	Utility	300	150	500	250	200	100	
	Design	200	100	100	50	130	65	
	Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)								
Each independent claim over 3 (including Reissues)								
Multiple dependent claims								
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				
- 20 =	x	=		Fee (\$)	Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)					
- 3 =	x	=						
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x		=		Fees Paid (\$)		
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month 2,160.00								
1801 Request for continued examination (RCE) (see 37 ... 790.00)								

SUBMITTED BY	
Signature	
Name (Print/Type)	Kevin R. Spivak
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Date	August 9, 2006

va-172249